

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5704AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>INFINITE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3821 TOPAZ LAS VEGAS, NV 89121</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/23/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or mentally retarded adults and/or persons with chronic illnesses and/or persons with mental illnesses, Category 2 residents. The census at the time of the survey was 10. Ten resident files were reviewed and seven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 11/23/10, the facility failed to ensure 1 of 7 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #4- missing a 2 step TB skin test).  Severity: 2 Scope: 1	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review and interview on 11/23/10, the facility failed to ensure 4 of 7 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1- no follow up to undecided FBI results, Employee #2 - no FBI results, Employee #3 - no signed criminal history statement and Employee #4 - no State or FBI results).  Severity: 2 Scope: 3	Y 105			
Y 444 SS=D	449.229(9) Smoke Detectors	Y 444			

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Y 444	Continued From page 2  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review on 11/23/10, the facility did not ensure smoke detectors were tested 2 out of the past 12 months (No tests completed in September or October 2010).  Severity: 2 Scope: 1	Y 444			
Y 698 SS=E	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This REQUIREMENT is not met as evidenced by: Based on observation on 11/23/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall (4 tanks were found unsecured in the backyard storage shed).  Severity: 2 Scope: 2	Y 698			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	<p>Continued From page 3</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 11/23/10, the facility failed to ensure that 5 of 10 residents received medications as prescribed (Resident #1, #2, #4, #6 and #8).</p> <p>Findings include: Resident #1- prescribed B-12 500 milligrams (mg), one tablet daily. The Medication Administration Record (MAR) indicated that the resident was to receive B-12 1000 mg daily.</p> <p>Resident #2- prescribed Hydromorphone HCL 2 mg, one tablet every 3 hours as needed. The MAR indicated that the resident was to receive Hydromorphone HCL 2 mg, one to two tablets every 3 hours as needed. Also, prescribed Gabapentin 300 mg, one tablet every evening. The MAR indicated that the resident was to receive Gabapentin 300 mg, one to two tablets every evening.</p> <p>Resident #4- prescribed Gabapentin 300 mg, one capsule three times a day (TID). The MAR indicated that the resident was receiving</p>	Y 878			

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Y 878	Continued From page 4  Gabapentin 600 mg, one capsule two times a day (BID).  Resident #6- prescribed Divalproex 125 mg, one tablet daily. The medication was not listed on the MAR and had not been given for approximately 4 days since being prescribed.  Resident #8- prescribed Megestrial 40 mg, one tablet two times a day (BID). The medication container was empty and the MAR indicated that the medication had not been given for approximately 2 days.  Severity: 2      Scope: 2	Y 878			
Y 920 SS=D	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.	Y 920			

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Y 920	Continued From page 5  This Regulation is not met as evidenced by: Based on observation and interview on 11/23/10, the facility failed to keep medications belonging to a caregiver in a locked area (Oyster Shell and Vitamin A supplements were found in the closet in bedroom #1).  Severity: 2      Scope: 1	Y 920			
Y1005 SS=C	449.2762(1) MR Training Requirements  NAC 449.2762 1. Within 60 days after being employed by a residential facility for mentally retarded adults, a caregiver must receive not less than 4 hours of training related to the care of mentally retarded persons.	Y1005			
Y1010 SS=C	This Regulation is not met as evidenced by: Based on observation and interview on 11/23/10, the facility failed to ensure 6 of 7 caregivers received the required 4 hours of mental retardation training (Employee #1, #2, #3, #4, #5 and #6).  Severity: 1      Scope: 3  449.2764(1) Mental Illness Training	Y1010			

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Y1020	Continued From page 7  the facility failed to ensure 6 of 7 caregivers received the required 4 hours of chronic illness training (Employee #1, #2, #3, #4, #5 and #6).  Severity: 1    Scope: 3	Y1020			

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